

**STATE OF NEW HAMPSHIRE
BUREAU OF EMERGENCY MEDICAL SERVICES
REQUEST FOR EXAMINATION**

Bureau of EMS Course No. _____ Region _____

EMT BASIC

☐ N.H. Practical _____ Number of Students

☐ N.R. Written _____ Number of Students

List three dates by priority: (Subject to approval)

List three dates by priority: (Subject to approval)

Date/Time

Location

Date/Time

Location

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

FIRST RESPONDER

☐ N.H. Practical _____ Number of Students

☐ N.R. Written _____ Number of Students

List three dates by priority: (Subject to approval)

List three dates by priority: (Subject to approval)

Date/Time

Location

Date/Time

Location

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

Instructor/Coordinator _____ Contact Person _____

Daytime Telephone _____ Daytime Telephone _____

THIS REQUEST IS TO BE SUBMITTED TO THE BUREAU FIELD OFFICE 30 DAYS PRIOR TO THE EXAM DATE. ALL DOCUMENTATION OF STUDENT ELIGIBILITY MUST BE PROVIDED A MINIMUM OF 5 DAYS PRIOR TO THE EXAM DATE.

NH Bureau of EMS (Signature)

Date approved

C&E Sched. ☐

03AUG05